Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles			School (1994)	Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District	oard of Supervisor, First District			
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator			Amendment (Must provide explanation in Part	muide analysis is Code N
Area Code/Phone Number E-mail			1	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			4	5.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
Event Description Dodgers Provide Title/Exp.	lanation	Date(s) 5	, 6 , 2019	
Ticket(s)/Pass(es) provided by agency?		If no: Dodge	The state of the s	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Name of Sol Official's Name (L	
			Oniciai's ivame (L	ast, rirst)
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
A				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1 and			96/0 63 COS 65	h the requirements.
	a Garcia		et Administrator	
Signature of Agency Head or Designee	Print Na	me	Tille	(Month, Day, Year)
Comment:			and the second s	

Agency Report of:

County of Los Angeles Division, Department, or Region (if Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Mone Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Dodgers Date(s) 5 7 2019 Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First of agency official? Describe the public purpose made pursuant to the agency have of Individual Number of Pass(es) Staff 2 Per ticket policy 5.3 (k)	lifornia 802 Form Solicial Use Only
Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Mon Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Dodgers Dodgers Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Name of Source Was ticket distribution made at the behest of agency official? Name (Last, First Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outpass(es) Staff 2 Per ticket policy 5.3 (k)	
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (Mon.) Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Dodgers Date(s) 5	For Official Use Only
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number	
Barbara Garcia, Ticket Administrator Area Code/Phone Number	
Area Code/Phone Number	
Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing:	
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k)	planation in Part 3.)
Event Description Dodgers Event Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes If no: Name of Agency, Department or Unit Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Staff No Yes No No Yes If yes: Official's Name (Last, First Describe the public purpose made pursuant to the agency of Individual Number of Ticket(s)/Pass(es) Name of Individual Number of Number of Pass(es) Name of Individual Number of Number of Number of Ticket(s)/Pass(es)	th, Day, Year)
Event Description Dodgers	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source No If no: Name of Source	
Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Staff No Yes If yes: Official's Name (Last, First) Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Name of Individual. Number of Individual.	
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outon and pursuant to the agency, Department or Unit Number of Ticket(s)/ Pass(es)	
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Number of Individual Number of Ticket policy 5.3 (k) Number of Individual Number of Individual Number of Individual)
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency.	tside organization.
Name of Individual Number of	refresal from the
Name of individual and the first transfer of the control of the co	
Name of individual a till a	
(Last, First) Ticket(s)/ Identify one of the following:	
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
Ceremonial Role Other the Checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the address and description (include address and description)	gency's policy
	,
Verification	
I have read and understand FPPC Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requ	
Barbara Garcia Ticket Administrator	
Signature of Agency Head or Designee Print Name Title	

Ceremoniai Role Events and Tic	KeuPass	Distributions		A Public Document	
1. Agency Name	Date Stamp	California 802			
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable	ivision, Department, or Region (If Applicable)				
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator			Amendment (Must pro	Dvide explanation in Part 3.)	
Area Code/Phone Number E-mail					
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
	unction or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	5.00	
Event Description Dodgers Provide Title/Exp.	lanation	Date(s) 5	,8 ,2019		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	ers Name of Source		
the state of the s	ies 🗀 No	1110.			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)	
Recipients Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	1054 THE STREET	
Staff	2	Per ticket policy 5.3 (k)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	JI	Identify one of the followin	g:	
		Ceremonial Role If checking "Ceremon	Other Other I of the series of	Income	
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income	
C. Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
A. Marification					
 Verification I have read and understand FPPC Regulations 18944.1 and 	l 18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.	
The state of the s	a Garcia		t Administrator		
Signature of Agency Head or Designee	Print Nar		Title	(Month, Day, Year)	
				, , , , , , , , , , , , , , , , , , , ,	
Comment:					
		ı	FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)	

Country of Los Angeles Division, Department, or Region (If Applicable)	perememan rese E	.voiits and no	neur ass	Distributions		A Public Documen
Division, Department, or Region (if Applicable) Board of Supervisor, First District Designated Agency Contact (Mann, ritie) Barbara Garcia, Ticket Administrator Area Godd/Phone Number Email 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: [Month, Ony, Year] Function or Event Information Does the agency have a licket policy? Yes No Describe the public purpose made pursuant to the agency's policy Fevent Description Dodgers Date (a) District Date of Original Filling: [Month, Ony, Year] Force Value of Each Ticket/Pass \$ 45.00 Date (a) Date (a) Date (b) Date (c) D	. Agency Name				Date Stamp	California Q02
Soard of Supervisor, First District	County of Los Angeles					Form OUZ
Designated Agency Contact (Name, Title)	Division, Department, o	r Region (If Applicable		For Official Use Only		
Barbara Garcia, Ticket Administrator Area Gode/Phone Number E-mail Date of Original Filing Month, Day, Year) Prunction or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing Month, Day, Year) Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing Month, Day, Year) Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing Month, Day, Year) Frunction or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing Month, Day, Year) Frunction or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing Month, Day, Year) Frunction or Event Information Frunction or Event Information Frunction Dodgers Month Date of Original Filing Month, Day, Year) Frunction Date of Original Filing Date of Original Filing Month, Day, Year) Frunction Date of Original Filing Month, Day, Year) Frunction Date of Original Filing	Board of Supervisor, Fi	rst District				
Area Gode/Phone Number E-mail Date of Original Filing: (Month, Day, Year)	Designated Agency Cor	ntact (Name, Title)				
Date of Original Filling: (Month, Day, Year)	Barbara Garcia, Ticket A	Administrator				
Function or Event Information Does the agency have a ticket policy? Ves No Date(s) Dodgers Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Ves No No Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Ves No Provide TitleExplanation No Pres No Provide TitleExplanation Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Provided Ticket(s)/Pass(es) Ceremonial Role Other Income Income Other Other Observe Tother describe below Ceremonial Role Other Income Income Ceremonial Role Other Income Income Income Ceremonial Role Other Other Describe below Ticket(sy) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(sy) Ticket(sy) Pass(es) Ticket(sy) Ticket(sy	Area Code/Phone Numl				Amendment (Must pro	ovide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Date(s) Date(s) Date(s) Dodgers Provide TitleExplanation Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No No Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Dodgers If no: Dodgers If no: Dodgers If no: Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Last, res) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income Income Income Coremonial Role Other Income Income Income Income Income Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/Pass(es) Ticket(s)/Pass(es) Pass(es) Ticket(s)/Pass(es) Ticket Administrator	213-974-4111	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Event Description Dodgers Frovide Title#Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ Ticket(s)/Pass(es) provided by agency? Yes \ No \ Yes \	. Function or Event I	nformation			7 .5	.00
Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No⊠ If no: No Yes No If no: Nome of Source	Does the agency have a	ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers Was ticket distribution made at the behest No Yes No Yes If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s) Pass(es) Ceremonial Role Other Income Income	Event Description Dodg			Date(s) 5	,9 ,2019	
Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (set First) Per ticket policy 5.3 (k) Ceremonial Role Other Income			anation	F-	rc	
Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy	Ticket(s)/Pass(es) provi	ded by agency?	Yes No	If no: Douge		rce
Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Name of Agency, Department or Unit. - Name of Agency, Department or Unit. - Name of Individual - Income	Was ticket distribution m	ade at the behest	No X Vos	П		A CONTRACTOR OF THE CONTRACTOR
Name of Agency, Department or Unit Name of Individual			NO E TES	il yes:	Official's Name (La	st, First)
A. Name of Agency, Department or Unit Number of Tickete st Pass(es) Per ticket policy 5.3 (k) Per tick	. Recipients					
Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Leat First) Income I		agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identif	y an outside organization.
B. Name of Individual (Lest, Fins) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income	A. Name of Agency, De	partment or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy
Ticket(s) Pass(es) Identify one of the following: Income I	Staff		2	Per ticket policy 5.3 (k)	
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	B. Name of In		Ticket(s)/	11000000000000000000000000000000000000	Other	•
Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Signature of Agency Head or Designee Print Name Title (Month, Day, Year)				INVESTIGATION SANDS AND		Income
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	C. Name of Outside (include address a		Ticket(s)/			o the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		,				
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		C Bogulations 180111	10040 / 1	75 . 1 11 . 1 11		
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	Thave read and understand FPP(the requirements.
Time (Month, Day, Year)	Olassia.					
Comment	Signature of Agency Head or D	Pesignee	Print Nan	ne	Title	(Month, Day, Year)
COMMENT	Comment:					

eremonial Note Events and Tic				A Public Documen	
Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
Board of Supervisor, First District	1				
Designated Agency Contact (Name, Title)]		
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amenament (Must pr	ovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information			7.5	5.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$,,,,,	
Event Description Dodgers		Date(s) 5	,10 ,2019		
Provide Title/Expla		Dodge	ers	e e e e e e e e e e e e e e e e e e e	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce	
Was ticket distribution made at the behest	No⊠ Yes	If yes:			
of agency official?			Official's Name (La	ast, First)	
Recipients	27 m. m. 21 . j				
Use Section A to identify the agency's department or u		ction B to identify an Individu	al. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Staff	2	Per ticket policy 5.3 ((k)		
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin Other Other describe below:	ig:	
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
Verification have read and understand FPPC Regulations 18 <u>944.1 and</u>	18042 have	orified that the distribution and			
				the requirements.	
Rarhara					
Signature of Agency Head or Designee	Print Nam		t Administrator	(Month, Day, Year)	

OCI.	emornal Note Events and the	REUFASS	Distributions		A Public Document
1. <u>A</u>	gency Name			Date Stamp	California 802
Co	unty of Los Angeles				Form OUZ
Di	vision, Department, or Region (If Applicable		For Official Use Only		
Во	ard of Supervisor, First District	and the second second		1	
De	signated Agency Contact (Name, Title)				
Ва	rbara Garcia, Ticket Administrator				<u> L</u>
Ar	ea Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
21:	3-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Fι	unction or Event Information			7.5	
Do	es the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	5.00
Ev	ent Description Dodgers		Date(s) 5	,11 ,2019	
	Provide Title/Expl	anation	Dodge	orc	
Tic	ket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Soul	rce
Wa	as ticket distribution made at the behest	No⊠ Yes	If yes:		and the state of t
	f agency official?	1100 103	If yes: L	Official's Name (La	est, First)
. Re	ecipients				
• U	se Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ıal. • Use Section C to identif	y an outside organization.
A .	, Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Sta	ıff	2	Per ticket policy 5.3	(k)	
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
Ve	rification		1		
I hav	e read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	Barbara	a Garcia	Ticke	t Administrator	
22 Table	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
_					
Co	mment:				

Agency I	Rep	ort o	f:
Ceremon	nial	Role	Ever

Ceremonial Role Eve	ints and ric	Reurass	פווסוווטמוווצוע פ		A Public Documen
1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Re	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisor, First (District	The second		s	
Designated Agency Contac	t (Name, Title)				
Barbara Garcia, Ticket Adn	ninistrator			C Amondment (Marker	
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
213-974-4111	bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info			_	4	5.00
Does the agency have a tic	ket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ L	
Event Description Dodgers			Date(s) 5	, 12 , 2019	
	Provide Title/Expl	anation	Dodge	rs	
Ticket(s)/Pass(es) provided	by agency?	Yes No	If no:	Name of Sou	ırce
Was ticket distribution made	e at the behest	No⊠ Yes	If yes:		
of agency official?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 11 you	Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify the age	ncy's department or		ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff		2	Per ticket policy 5.3	(k)	
B. Name of Individ	lual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial	Identify one of the following Other all Role" or "Other" describe below:	ng:
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Org		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy
. Verification I have read and understand FPPC Re		<u>' 18942. I have v</u> a Garcia		orth above, is in accordance with t Administrator	n the requirements.
Signature of Agency Head or Design	1ee	Print Nan	ne	Title	(Month, Day, Year)
Comment:					